

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 21 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

102000014772

1. Limited Liability Company's Name

WE ARE LOVE'D AGENCY, LLC

800161901778
10/19/09--01064--017 **277.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4850 NW 60TH TERRACE

3. Mailing Office Address

4850 NW 60TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA

City & State

OCALA

Zip
FL

Country
34482

Zip
FL

Country
34482

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida 06/13/2002

6. FEI Number
02-0616272

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
VALERIE J LOSITO

Street Address (P.O. Box Number is Not Acceptable)
11547 SE US HIGHWAY 441

Suite, Apt. #, Etc.

City
BELLEVIEW

State
FL

Zip Code
34420

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Valerie J. Losito

REGISTERED AGENT MUST SIGN

Date 10/14/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VEREEN, CHIQUETA	4850 NW 60TH TERRACE	OCALA, FL 34482

REINSTATEMENT

08-091

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Chiqueta Vereen

Date 10/14/09 Daytime Phone # 352-245-8018

Typed or printed name of signing Managing Member/Manager CHIQUETA VEREEN